

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/796,571-Conf. #2498
	Filing Date	March 9, 2004
	First Named Inventor	Kenneth J. Mackin
	Art Unit	2115
	Examiner Name	D. Butler
	Attorney Docket Number	343328001US2

To: **Commissioner for Patents**  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the practitioners of record;  
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or  
☐ the practitioners of record associated with Customer Number: \_\_\_\_\_

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)            | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)        | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi)        | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input checked="" type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: |  |

#### Certifications

Check each box below that is factually correct. **WARNING:** If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

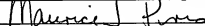
B. ☒ Inventor or Assignee Name      Tranxition Corporation c/o CT Pew

Address      322 Northwest 6th Avenue, Suite 200

City      Portland      State      OR      Zip      97209      Country      US

Telephone      (646) 248-6007      Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature      

Name      Maurice J. Pirio      Registration No.      33,273

Address      Perkins Coie LLP  
P.O. Box 1247

City      Seattle      State      WA      Zip      98111-1247      Country      US

Date      May 10, 2011      Telephone No.      (206) 359-8000

NOTE: Withdrawal is effective when approved rather than when received.